***Statement***

*Impact of Eradication Programmes and Remedial Action Taken from Time to Time*

1. Revised National TB Control **Programme**

As per the available estimates, deaths due to TB have decreased from over 500,000 prior to year 2000 to fewer than 3 70,000 currently. As per latest estimates, about 1.8 million new TB cases occur every year. As per the available data deaths due to TB were 37639, 56587 and 62539 during the years 2004-05,2005-06 & 2006-07 respectively. The increase is because of large number of patients put on treatment by the programme. The details of expenditure under the programme during 2004-05,2005-06 & 2006-07 are Rs. 133.63 crore, 187.70 crore& 220.97 crore respectively.

The programme is achieving the global target of cure rate of 85% amongst new sputum positive cases and case detection rate of 70% amongst such cases. Prevalence of tuberculosis (old and new cases) has declined from 570 cases per 100,000 population in 1990 to 299 cases per 100,000 population in 2005. The programme is well on its way to achieve MDGs (Millennium Development Goals) related to tuberculosis.

2. **National Cancer Control Programme**

An estimated 4.4 lakhs people die of cancer every year and about 7-9 lakh new cancer cases are detected every year. At any given point of time there are 2.5 million cancer patients in the country. The year-wise details of cancer patients/cancer deaths are not maintained centrally.

The Year-wise expenditure under NCCP for 2004-05,2005-06 & 2006-07 are Rs. 59.00 crore, 66.00 crore & 43.02 crore respectively.

3. **National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases** and Stroke

The Pilot Phase of the National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke has been launched in 2008 only in 9 districts of 9 States and a sum of Rs. 49.16 lakh has already been released to each of the 6 States. As the pilot phase of the programme has been launched only in 2008, the question of assessment of the impact is premature. Diabetes is not a fatal disease and hence no figures of death due to that disease are centrally compiled.

4. National AIDS Control Programme (NACP)

It is estimated that there are 2 to 3.1 million HIV infected persons in the country. A total of 5170 (1624 in 2005,1786 in 2006,1760 in 2007) deaths due to AIDS have been reported by the State AIDS Control Societies during the last 3 years. The total expenditure incurred under National AIDS Control Programme during the last 3 years is Rs. 422.25 crore, Rs. 532.70 crore, and Rs. 682.63 crore in 2004-05,2005-06 and 2006-07 respectively.

5. Water Borne Diseases

Number of cases and deaths due to water borne diseases (cholera, acute diarrhoeal diseases (ADD), viral .hepatitis and enteric fever) during 2004-05 to 2006-07 is as under:

| SI. No. | Diseases | 2004-O5 | | 2005-06 | | 200647 | |
|---|---|---|---|---|---|---|---|
| | | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| 1 | Viral Hepatitis | 203939 | 1122 | 181621 | 718 | 144109 | 622 |
| 2 | ADD | 9575112 | 2855 | 10978459 | 2147 | 8291807 | 2669 |
| 3 | Cholera | 4728 | 9 | 3155 | 6 | 1939 | 3 |
| 4 | Enteric Fever | 658301 | 805 | 695114 | 419 | 610012 | 587 |

International commission for disease eradication (ICCDE) certified the declaration of eradication of Guinea Worm Diseases from the country in 2000. However, surveillance is carried out for the disease from time to time as required till its eradication from the world. No cases of Yaws incidence have been reported since 2003. Consequently, in September 2006, the disease was declared as eliminated from the country by the Hon'ble minister for H & FW. There is no eradication programme for water borne diseases. However funds spent for YEP & GWEP during the last three years are as follows:

*(Rupees in Lakhs)*

| | 2004-05 | 2005-06 | 2006-07 |
|---|---|---|---|
| YEP | 52.86 | 93.6<br>725 | 8634 |
| GWEP | 8.12 | | 4.56 |

The programmes have been regularly assessed by the Task Forces constituted under the chairmanship of DGHS.

**Marketing of Letrozole**

876. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Drugs Controller General of India (DCGI) has issued authorization to any pharmaceutical company to market Letrozole in India for treatment of infertility;

(b) whether the Canadian Health Authority has ruled that Letrozole should not be used for infertility treatment and whether US and UK have also banned marketing of Letrozole for treatment of infertility;

(c) whether the Drugs Controller General of India had subjected the drug to clinical trials to establish safety and to determine side effects, dose and regimen before issuing authorization; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILLY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. Based on expert's opinion, clinical trial data generated in the country and supportive published data, the Office of DCG(I) has granted permission to market letrozole for its use in induction of ovulation in anovulatory infertility.

(b) No, Sir. As per the information available, Canadian Health Authority has not ruled that letrozole should not be used for treatment of infertility. US & UK have not yet approved letrozole for treatment of infertility. Hence, question of banning letrozole for infertility does not arise.

(c) and (d) Yes, Sir. Before grant of marketing authorization, clinical trial was conducted with letrozole in induction of ovulation in anovulatory infertility.

**Polio cases**

877. SHRIVAR1NDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of polio cases reported in the country during 2007 and so far during 2008 till 1st March, 2008, State-wise;

(b) the reasons for such cases inspite of massive anti-polio campaign going on in the country for years;

(c) whether the genuineness and efficacy of the vaccine used has been verified; and

(d) if so, the findings thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE Minister of HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Number of polio cases reported in the country during 2007 and during 2008 till 1st March 2008 is as under:

| Year | Number of polio case |
|---|---|
| 2007 | 866 (PI-80, P3-783, P1+P3-3) |
| 2008 | 106(P1-1,P3-105) |

State wise detaiIs of case reported in 2007 and till 1 st march 2008 are given in the Statement, (*See* below).

(b) There was an increase in Type 3 polio virus cases which spread from western Uttar Pradesh to the rest of the State and re-infected Bihar. As per the immunization strategy recommended by India Expert Advisory Group on Polio (IEAG) focus was to be on Type 1 polio virus elimination by using monovalent type 1 polio vaccine since April, 2005 and keeping Type 3 polio in check, because PI circulates more widely, has been responsible for international spread and has the propensity to cause large outbreaks.

During 2007 there has been a sharp reduction in polio type 1 cases in the country. Polio type 1 cases have not been reported from the endemic districts of Western Uttar Pradesh for more than one year. Polio type 1 circulation in Bihar is also restricted to a small proportion of blocks.

(c) and (d) All vaccines including Oral Polio Vaccine are tested by central Drugs Laboratory - Kasauli-before their release to the states.

The Polio Vaccine for Pulse Polio Programme are procured by UNICEF from WHO pre-qualified Manufacture. Pre-release testing for potency is done on each batch of vaccine.

Samples from each Batch are tested in CRI Kasauli and on receipt of the quality certificate, the vaccines are dispatch to the field for use.

Vaccine Vial Monitor (VVM) is also affixed on the vials, which help the field functionaries to use the potent vaccines only.